

MINNESOTA LIFE

BENEFICIARY STATEMENT

Group Division Claims • P.O. Box 64114 • St. Paul, MN 55164-0114 • FOR CLAIM INFORMATION CALL: Toll Free 1-800 328-9442 MN local 651- 665-3815

NAME OF DECEASED (Last, First, Middle Initial)		POLICY NUMBER	CLAIM NUMBER
ADDRESS PRIOR TO DEATH (Street, City, State, Zip)			
DATE OF BIRTH (Mo./Day/Yr)	DATE OF DEATH (Mo./Day/Yr)	DATE LAST WORKED (Mo./Day/Yr)	
NAME OF BENEFICIARY (Last, First, Middle Initial)			
RELATIONSHIP TO DECEASED		AGE OF BENEFICIARY ("LEGAL" IS SUFFICIENT IF OVER 21)	

CERTIFICATION - Under Penalties of perjury, I certify that:
(1) The number shown on this form is my correct Social Security Number or Taxpayer Identification Number, **and**
(2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

Certification Notice:
THE IRS REQUIRES US TO OBTAIN CERTIFICATION OF YOUR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER. WITHOUT THIS INFORMATION, YOU MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING FOR ANY INTEREST PAID ON THE DEATH BENEFIT.

SIGNATURE OF BENEFICIARY	DATE	BENEFICIARY'S SOCIAL SECURITY NUMBER
X		
ADDRESS OF BENEFICIARY (Street, City, State, Zip)		TELEPHONE NUMBER OF BENEFICIARY
		()
SIGNATURE OF WITNESS	DATE SIGNED	
X		
ADDRESS OF WITNESS (Street, City, State, Zip)		

A **CERTIFIED** COPY OF THE PUBLIC DEATH RECORD IS REQUIRED AS PROOF OF DEATH

NOTICE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The commission of insurance fraud may subject such person to criminal and/or civil penalties. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.